

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-023661

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 72 Primary Registration District No. 3013 Registrar's No. 156

VS 300  
Rev. 4/59

1 6004

-2 0838-

3

4 1

5 0

6

7 1

8 0

9 7/2/63

10 048

11 083

12 6-0

13 20

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH  
a. COUNTY Clayb. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN North Kansas CityLength of stay in 1b  
4 daysc. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION N.KC Memorial HospInside Limits  
Yes ☒ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Missouri b. COUNTY Platte

c. CITY OR TOWN Kansas City

Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS 5629 Brookside Ave

Reside on Farm  
Yes ☐ No ☐3. NAME OF DECEASED  
(Type or print)

First Elizabeth Middle Susan Last Pope

4. DATE OF DEATH June 27, 1963

5. SEX female

6. COLOR OR RACE white

7. Married ☐ Never Married ☒  
Widowed ☐ Divorced ☐

8. DATE OF BIRTH 3-27-59

9. AGE (last birthday) 4

IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
none10b. KIND OF BUSINESS OR INDUSTRY  
XX11. BIRTHPLACE (City and state or country)  
Leavenworth, Kansas12. CITIZEN OF WHAT COUNTRY  
USA

13a. FATHER'S NAME

George Pope

13b. MOTHER'S MAIDEN NAME

Betty Lou Norris

14. NAME OF HUSBAND OR WIFE

XX

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of)

16. SOCIAL SECURITY NO.

17. INFORMANT

Address K.C., Mo.

George Pope, 5629 Brookside Ave.

18. CAUSE OF DEATH (Enter only one cause per time for (a), (b), and (c))  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Diffuse subdural  
cerebral lacerations  
& embolismINTERVAL BETWEEN  
ONSET AND DEATH

4 days

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☐20a. ACCIDENT SUICIDE HOMICIDE  
☒ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 11/63 1955 to 1/63 and last saw her alive on 6/27/63  
Death occurred at 2 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION,  
REMOVAL (Specify)  
Burial

23b. DATE 6-29-63

23c. NAME OF CEMETERY OR CREMATORY

Platte City Cemetery

23d. LOCATION (City, town, or county)

Platte City, Missouri

24. FUNERAL DIRECTOR

ADDRESS

Vaughn Funeral Home Weston, Mo.

25. DATE RECD. BY LOCAL REG.

6-28-63

26. REGISTRAR'S SIGNATURE

Marguerite Judson

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*W. R. Vaughn*

Licensed Embalmer No. 4023

P. O. Address

*Weston, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.